PATENT

Applicant(s): Hyoung-rae Kim

Examiner: Dharia, Prabodh M.

Serial No .:

10/712,164

Group Art Unit: 2629

Filing Date:

November 13, 2003

Title:

SUPER TWISTED NEMATIC (STD) LIQUID CRYSTAL DISPLAY (LCD)

DRIVER AND DRIVING METHOD THEREOF

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Post Office as First Class Mail on the date indicated below in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P

Date

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL WITH PETITION FOR TWO-MONTH EXTENSION OF TIME

Sir:

Transmitted herewith is an amendment for this application. 1.

## **STATUS**

- 2. Applicant is
  - a small entity.
  - $\boxtimes$ other than small entity.

## **EXTENSION OF TIME**

- The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 3. apply.
- Applicant petitions for an extension of time under 37 CFR 1.136 (a)

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450.00 OF

Applicant(s): Hyoung-rae Kim

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	Extension	Fee for other than Fee for	
	(months)	small entity	small entity
	one month	\$120.00	\$60.00
$\boxtimes$	two months	\$450.00	\$225.00
	three months	\$1,020.00	\$510.00
	four months	\$1,590.00	\$795.00

Fee \$ <u>450.00</u>

If an additional extension of time is required, please consider this a petition therefor.

☐ An ext	ension for	months has already been secured and the fee paid
therefor of \$	is deducted fr	rom the total fee due for the total months of extension now
requested.		

Extension fee due with this request \$ \_\_\_\_\_

OR

(b) Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	CLAIM	IS AS AME	NDED			
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	13	minus	13	0	x \$50	\$0
INDEPENDENT CLAIMS	4	minus	4	0	x \$200	\$0
MULTIPLE DEPENDENT CLAIM No ADDED					\$360	
					TAL	\$0
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.					SMALL ENTITY TOTAL	

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(c) ☑ No additional fee for claims is required.
OR
(d)  Total additional fee for claims required \$
FEE PAYMENT
<ul> <li>5. □ Attached is a check in the sum of \$</li></ul>
Respectfully submitted,
Date: /z/v/s 6  Mills & Onello LLP  Steven M. Mills  Eleven Beacon Street, Suite 605  Boston, MA 02108  Telephone: (617) 994-4900  Facsimile: (617) 742-7774  J\SAM\0504\amendEOT\amendmentatrans.wpd